

Entered -10-9-00 - sb
CL 00L0614 - GWENDOLYN BURNS

CLAIM OF:

MARIE T. ALLEN
2460 Peachtree Road, #309
Atlanta, Georgia 30305

01- *R* -1407

For vehicular damages alleged to have been sustained when a vehicle drove over a metal plate in the roadway on September 17, 2000 at Powers Ferry Road & Londonberry Road.

THIS ADVERSED REPORT IS
APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0614

Date: August 17, 2001

Claimant /Victim MARIE T. ALLEN
BY: (Atty) (Ins. Co.) _____
Address: 2460 Peachtree Road, #309, Atlanta, Georgia 30305
Subrogation: _____ Claim for Property damage \$ 1,038.33 Bodily Injury \$ _____
Date of Notice: 9/27/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 9/17/00 Place: Powers Ferry Road & Londonberry Road
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her vehicle sustained property damage when she drove over a metal plate in the roadway. However, the location of claimant's incident falls outside the City's jurisdiction. The claimant has been advised of same and her claim has been forwarded to Fulton County Government for resolution.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 08-27-01
Committee Action: _____ Council Action _____

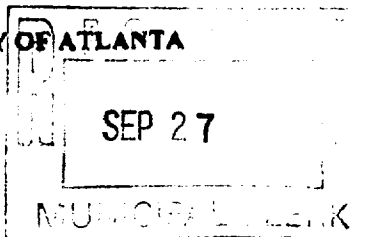
Burns
10/09/00

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 9/21/00 *Dr*

Dear Municipal Clerk:



ENTERED - 10-9-00 - SB
00LO614 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 943.33 + 95.00 ^{Rental car.} property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of Incident: 9/17/00 2. Time of Incident: 1:30p 3. Police called: ✓
(month/day/year) Yes No

4. Location of incident (including street address): Bridge on Powers Ferry @ Londonberry

5. Name of your insurance company: Nationwide Policy No. 636177327

6. State what and how incident occurred: traveling south on Powers Ferry & ran into an unmarked & uncovered ≈ 5" deep work ditch. (3rd car to have damages that afternoon.) damaged 2 passenger side wheels R & P steering, a fuel line & alignment - called 911 concerning myself & 2 other drivers.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Volvo-wagon 1982 6A99423-(montana) Marie Allen
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Margaret Benoit 2460 Peachtree Rd 404-240-0894
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Marie T. Allen
(Print Claimant's Name)

2460 Peachtree Rd. #309
(Address)

Atlanta GA. 30305
(City, State and Zip Code)

209-652-8249 404-240-0894
(Work Number) (Home Number)

01-R -1407